

# The Colorado Public Utilities Commission (PUC)

## Carrier Information Packet

Revised January 2026

(Note: Some documents may have individual revision dates)



**COLORADO**

Public Utilities Commission

Department of  
Regulatory Agencies

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# The Colorado Public Utilities Commission (PUC)

## DRIVER QUALIFICATION

File/Non-CDL (4 CCR 723-6-6108)

1. Employment Application
2. Copy of Motor Vehicle Report (Driving Record)
3. Fingerprint Qualification Letter (If Applicable)
4. Copy of Driver License
5. Copy of Medical Examiner's Certificate
6. Copy of all waivers issued by the PUC (If Applicable)
7. Hours of Service Time Sheets



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## **FINGERPRINT-BASED CRIMINAL HISTORY RECORD CHECKS FOR CERTAIN DRIVERS OF PASSENGERS**

### **Frequently Asked Questions**

Revised February 3, 2026

**Q. Who is subject to the fingerprinting and background check process?**

A. Only drivers for the following types of motor carriers are required to be fingerprinted: Taxicab, Luxury Limousine, Off-Road Scenic Charter, Charter Bus, and Children's Activity Bus. Drivers who do not operate under these permit types are not subject to the fingerprint requirements.

**Q. I drive several different types of vehicles, or for several different carriers, or I am going to drive for a different carrier. Do I need to go through the process again?**

A. No. The qualification is valid until it expires, no matter what vehicle, carrier, or authority. Since you are taking the same fingers to another PUC-related carrier, the same PUC qualification applies.

**Q. I have already submitted my fingerprints for another employer, in connection with: another regulated industry, for Denver International Airport, for the City, etc. Do I have to submit them again?**

A. Yes. The PUC does not have access to fingerprints submitted in connection with any other employment, nor does the PUC have access to the background check results from those submissions. Furthermore, the qualification requirements may differ between agencies.

**Q. What records are checked when I submit my fingerprints?**

A. The criminal history records of both the Colorado Bureau of Investigation (CBI) and the Federal Bureau of Investigation (FBI) are checked.

**Q. When do drivers need to be fingerprinted?**

A. Drivers need to be fingerprinted *within ten days* of being employed or contracted to drive. A driver may drive for up to ninety days after the fingerprints have been submitted to the PUC/CBI.



**Q. How long does the fingerprint process take?**

A. The fingerprint process usually takes about a month. If the initial set of fingerprints is returned by the Colorado Bureau of Investigation as unreadable or unclassifiable, the process will need to be repeated and will take longer. A driver may drive for up to ninety days after the fingerprints have been submitted to the PUC/CBI.

**Q. How do I start the fingerprint process?**

A. The best practice is to use a CBI-approved vendor to submit your fingerprints electronically directly to CBI's Colorado Applicant Background Services (CABS). See [www.colorado.gov/cbi/employment-background-checks](http://www.colorado.gov/cbi/employment-background-checks) for a [map](#) of locations. (Use the "Taxi & Transport Drivers" dropdown for instructions).

**Identogo.** Information is available at [www.identogo.com/locations/colorado](http://www.identogo.com/locations/colorado). To register and make an appointment, begin at <https://uenroll.identogo.com/> and enter the correct service code:

**25YQ18** for taxicab drivers

**25YQ2S** for other transportation drivers

**Colorado Fingerprinting.** Information is at [www.coloradofingerprinting.com/cabs](http://www.coloradofingerprinting.com/cabs).

Select "Applicants Click Here to Begin" and go to the link to "Create an Account". When asked, enter the correct service code:

**0899TAXI** for taxicab drivers

**0899TRAI** for other transportation drivers

Most law enforcement agencies no longer roll paper fingerprints. However, if you are printed with ink and paper, you must submit that card to the PUC, with a check payable to the PUC for \$39.50, to 1560 Broadway, Suite 250, Denver, CO 80202.

**Q. What criminal offenses are disqualifying offenses?**

A. An individual shall be disqualified and prohibited from driving if the criminal history reflects that:

- A driver is not of good moral character. A driver is not of good moral character if the driver has been convicted of a felony or misdemeanor involving moral turpitude. A felony or misdemeanor involving moral turpitude means:
  - a conviction in the State of Colorado at any time of any class 1 or 2 felony under Title 18, C.R.S.
  - a conviction in the State of Colorado, within the ten years preceding the date the criminal history record check is completed, of a crime of violence, as defined in §18-1.3-406(2), C.R.S.;
  - a conviction in the State of Colorado, within the eight years preceding the date the criminal history record check is completed, of any class 3 felony under Title 18, C.R.S.,
  - a conviction in the State of Colorado, within the four years preceding the date the criminal history check is completed, of any class 4 felony under Articles 2, 3, 3.5, 4, 5, 6, 6.5, 8, 9, 12, or 15 of Title 18, C.R.S.; or
  - an offense in any other state or in the United States that is comparable to any

## Frequently Asked Questions regarding Fingerprints

offense listed above.

An individual shall also be disqualified and prohibited from driving if the criminal history reflects that the individual was:

- convicted at any time of a felony or misdemeanor unlawful sexual offense against a child, as defined in §18-3-411, C.R.S.
- convicted in the State of Colorado within the two years preceding the date of the criminal history record check of driving under the influence, as defined in §42-4-1301(1)(f), C.R.S.; driving with excessive alcoholic content, as described in §42-4-1301(2)(a), C.R.S.; driving while ability impaired, as defined in §42-4-1301(1)(g), C.R.S.; or
- convicted of a comparable offense in any other state or in the United States.

### **Q. What laws and rules govern the submission of fingerprints?**

A. Colorado Revised Statute 40-10.1-110: <http://www.lexisnexis.com/hottopics/Colorado/>  
Colorado Code of Regulations 4 CCR 723-6, Rule 6114: <http://www.sos.state.co.us/CCR>  
or <https://drive.google.com/open?id=0B8qvU2knU8BkSG9kMUIYYkFrejg>

### **Q. How am I notified of the background check results?**

A. A motor carrier or a driver can access the qualification information on the PUC's Fingerprint Tracking System database at [www.dora.state.co.us/pls/fts/FTS.Logon](http://www.dora.state.co.us/pls/fts/FTS.Logon).

### **Q. How can I get, or challenge, my FBI record?**

A: To challenge the Colorado state Criminal History Record Information, the subject of a record can do a record challenge at Colorado Bureau of Investigation (for information on this procedure, go to <https://cbi.colorado.gov/sections/biometric-identification-and-recordsunit/identity-theft-and-misidentification>). You can also take your dispute directly to the arresting agency. The subject of a record may also direct their challenge as to the accuracy or completeness of any entry on their record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306, or <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

### **Q. I still have more questions; who can I contact?**

A. The Colorado Bureau of Investigation's Identification Unit at 303.239.4208 or PUC personnel at 303.894.2000 option 2, or [dora\\_puc\\_fingerprints@state.co.us](mailto:dora_puc_fingerprints@state.co.us).



## DRIVER APPLICATION FOR COLORADO PUBLIC UTILITIES (PUC) REGULATED INTRASTATE CARRIER

Pursuant to Colorado Public Utilities Commission Rule 4 CCR 723-6-6108: Driver Qualification File and Records: A Motor Carrier shall maintain records for each Driver as follows.

(a) A completed Driver's application. A Driver's application must be maintained during the period of service and for three years thereafter. The required Driver's application form is available on the Commission's website.

Driver is defined as 4 CCR 723-6-6001(v) "Driver" means a Person who drives or applies to drive a Motor Vehicle for a Motor Carrier, regardless of whether such Person drives as an employee or Independent Contractor.

**\*Note: A owner/operator must have a completed application on file for themselves.**

### 1. THIS SECTION IS TO BE COMPLETED BY THE CARRIER OWNER/DESIGNATED AGENT/MANAGER:

FULL NAME OF CARRIER (AS PRINTED ON PUC PERMIT): \_\_\_\_\_

CARRIER PERMIT NUMBER(S): \_\_\_\_\_ CARRIER ADDRESS: \_\_\_\_\_

**\*NOTE TO CARRIER: CHANGES TO CARRIER INFORMATION MUST BE REPORTED TO PUC WITHIN 2 DAYS (4 CCR 723-6-6005(b))**

### 2. THIS SECTION IS TO BE COMPLETED BY THE DRIVER APPLICANT:

APPLICANT FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

APPLICANT CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**\*IF CURRENT ADDRESS IS LESS THAN THREE YEARS NOTE PREVIOUS ADDRESSES:**

APPLICANT PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

APPLICANT PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

APPLICANT PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

### 3. DRIVER QUALIFICATION SECTION TO BE COMPLETED BY APPLICANT AND CONFIRMED BY CARRIER AS PER RULE:

(b) The driving history for a Driver, obtained from the Department of Motor Vehicles. Driving history reports shall be maintained for a period of three years from the date the research was conducted. (MVR reviews must be completed prior to driving and annually thereafter)

(c) The Drivers fingerprint qualification status, if applicable. (See fingerprint submission instructions)

(d) The Driver's state issued driver's license. The driver's license copy shall be maintained during the period of service and for three years thereafter.



CURRENT DRIVERS LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ ENDORSEMENTS: \_\_\_\_\_

\*FOR A CDL REQUIRED POSITION INDICATE CLASS(S) OF CDL AND ALL ENDORSEMENTS: \_\_\_\_\_

DRIVERS LICENSE ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ RESTRICTIONS: \_\_\_\_\_

\*NOTE TO CARRIER/APPLICANT: IF APPLICANT WILL BE OPERATING A QUALIFIED COMMERCIAL MOTOR VEHICLE (CMV) REQUIRING A CDL, THE APPLICANT AND CARRIER WILL NEED TO COMPLETE THE SUPPLEMENTAL TO THIS APPLICATION AND ATTACH IT TO THIS APPLICATION.

\*PREVIOUS STATE(S) WHERE THE APPLICANT HAS HELD A DRIVERS LICENSE:

ISSUE STATE	LICENSE NUMBER	TYPE/ CLASS	ENDORSEMENTS	ISSUE DATE	EXPIRATION DATE	STATUS (VALID, REVOKED, SUSPENDED, DENIED)

\*HAS YOUR DRIVERS LICENSE EVER BEEN PLACED UNDER RESTRAINT STATUS (DENIED, REVOKED, SUSPENDED)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain if Yes: \_\_\_\_\_

\*DRIVER VIOLATION(S)/CITATION RECORD/HISTORY (APPLICANT TO REPORT ALL DRIVING VIOLATIONS) ATTACH ADDITIONAL SHEETS IF NEEDED (4 CCR 723-6-6107 DRIVER MINIMUM QUALIFICATIONS):

DATE OF VIOLATION	LOCATION OF VIOLATION	VIOLATION / CHARGE	DISPOSITION OF CHARGE AND DATE	POINTS ASSESSED	FINE PAID	WAS THIS DUI RELATED	DID THIS RESULT IN LOSS OF DL

\*DRIVER MOTOR VEHICLE ACCIDENT RECORD/HISTORY (APPLICANT TO REPORT ALL ACCIDENTS IN WHICH THEY WERE A DRIVER OF AN INVOLVED VEHICLE) ATTACH ADDITIONAL SHEETS IF NEEDED (4 CCR 723-6-6113 ACCIDENT REGISTRY):

DATE OF ACCIDENT	LOCATION OF ACCIDENT	DID THIS ACCIDENT RESULT IN INJURY OR DEATH	# OF VEHICLES INVOLVED	WERE YOU AT FAULT	VIOLATION/ CHARGE	POINTS	FINE	WAS THIS DUI/ RECKLESS RELATED

NOTE: THE CARRIER IS REQUIRED TO REVIEW THE RESPONSES ABOVE, ALONG WITH AN OFFICIAL DMV RECORDS CHECK, TO DETERMINE IF THE MINIMUM QUALIFICATION STANDARDS FOR THE DRIVER APPLICANT MEETS PUC RULE PURSUANT TO 4 CCR 723-6-6107 (DRIVER MINIMUM QUALIFICATIONS), 4 CCR 723-6-6113

(ACCIDENT REGISTRY), AS WELL AS 4 CCR 723-6-6114 (FINGERPRINT BASED CRIMINAL HISTORY RECORD CHECKS).

A. HAS THE APPLICANT SUBMITTED TO A REVIEW OF THEIR OFFICIAL MVR FROM ALL LOCATIONS WHERE THEY HAVE HELD A LICENSE? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Submitted \_\_\_\_\_ Date Reviewed \_\_\_\_\_

B. HAS THE APPLICANT SUBMITTED FINGERPRINTS (IF APPLICABLE) FOR CRIMINAL HISTORY CHECK? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Submitted \_\_\_\_\_ Date Result Received/Confirmed \_\_\_\_\_

C. HAS THE CARRIER DETERMINED THAT THE APPLICANT MEETS ALL MINIMUM QUALIFICATIONS PRIOR TO DRIVING FOR THE CARRIER? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Result \_\_\_\_\_

**CARRIER: 4 CCR 723-6-6107(c)** Before permitting an individual to act as a Driver, and at least once every 12 months thereafter, a Motor Carrier shall obtain and review a driving history from the Department of Motor Vehicles for the individual. The Driver Motor Vehicle report shall include, at a minimum, any moving violations in the United States for the three-year period preceding the individual's application.

**4 CCR 723-6-6114(c)** Within ten days of contracting or being employed to drive for a Passenger Carrier, a Driver who is not qualified by the Commission at the time of hire shall submit a set of the Driver's fingerprints, documentation of any name change of the Driver from the agency where the change was approved, and payment of the actual cost to conduct a Criminal History Record Check. The Passenger Carrier shall provide to the Driver a copy of the Commission's Notice to Driver Applicants which informs the Driver that his or her fingerprints will be submitted to the CBI and FBI. This notice shall be provided to the Driver prior to the submission of fingerprints.

**4 CCR 723-6-6114(d)** A Driver shall, within five years after being qualified by the Commission and at least once every five years thereafter, re-submit: a set of the Driver's fingerprints; documentation of any name change of the Driver from the agency where the change was approved; and payment of the actual cost to conduct a Criminal History Record Check.

**4 CCR 723-6-6114(e)** The Driver shall submit his or her fingerprints to the CBI according to its procedures.

APPLICANT CURRENT MEDICAL QUALIFICATION RECORD:

4. DRIVER MEDICAL QUALIFICATION SECTION TO BE COMPLETED BY APPLICANT AND CONFIRMED BY CARRIER AS PER RULE:

Pursuant to 4 CCR 723-6-6108(e)(f), Driver qualifications and records, along with 4 CCR 723-6-6109(a)(c) and (e), proof of medical fitness:

(e) The Driver's current medical certificate. The Driver's most current medical certificate shall be maintained for a period of three years from the date of certification.

(f) If applicable, any current medical waiver or variances issued to the Driver.

(a) No Motor Carrier shall permit any Driver to drive who is not medically examined and certified. Drivers of vehicles with a seating capacity of 16 Passengers or more, including the

Driver, must be certified pursuant to the requirements of 49 C.F.R. 391.41, as revised on January 1, 2017. Drivers of vehicles with a seating capacity of 15 Passengers or less, including the Driver, may be certified under the provisions of this rule or 49 C.F.R. 391.41, as revised on January 1, 2017.

(e) All medical certification cards shall be valid for not more than two years from the date of issuance.

\*APPLICANT CURRENT MEDICAL QUALIFICATION RECORD:

DATE OF MEDICAL EXAMINATION	DATE OF EXPIRATION	DOCTOR/MEDICAL OFFICE NAME	PHONE NUMBER/ADDRESS	RESTRICTIONS

NOTE: THE CARRIER IS REQUIRED TO REVIEW THE RESPONSES ABOVE, TO DETERMINE IF THE MEDICAL CERTIFICATE AND APPLICANT MEET THE MINIMUM QUALIFICATION STANDARDS FOR DRIVER APPLICANT PURSUANT TO 4 CCR 723-6-6108(e)(f) ALONG WITH 4 CCR 723-6-6109(a)(c) and (e).

HAS THE CARRIER DETERMINED THAT THE APPLICANT MEETS ALL MINIMUM QUALIFICATIONS PRIOR TO DRIVING FOR THE CARRIER? Yes    No    Date Reviewed    Result   

2. DRIVER EXPERIENCE AND EMPLOYMENT HISTORY QUALIFICATION SECTION TO BE COMPLETED BY APPLICANT:

TYPE OF EQUIPMENT OPERATED (TOW TRUCK, BUS, SEMI TRACTOR TRAILER, TANKER, VAN, ETC.)	COMPANY NAME	DATE FROM	DATE TO	APPROXIMATE # OF MILES DRIVEN PER MONTH / NUMBER OF HOURS WORKED PER WEEK	ANY ACCIDENTS OR VIOLATIONS WHILE EMPLOYED (EXPLAIN)

THE APPLICANT IS TO COMPLETE ALL INFORMATION FOR PRIOR EMPLOYMENT FOR THE LAST THREE YEARS. IF THE APPLICANT WILL BE OPERATING A QUALIFIED CMV, THE APPLICANT WILL NEED TO INCLUDE PRIOR EMPLOYMENT INFORMATION FOR THE PREVIOUS 10 YEARS. WILL THE APPLICANT BE OPERATING A CMV? Yes    No   

IF YES, THE APPLICANT/CARRIER WILL NEED TO COMPLETE THE SUPPLEMENTAL PORTION OF THE APPLICATION.

1. MOST RECENT EMPLOYER: \_\_\_\_\_ DATES: (FROM) \_\_\_\_\_ (TO): \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ SALARY: \_\_\_\_\_

WAS THIS EMPLOYER SUBJECT TO REGULATORY AUTHORITY BY THE COLORADO PUBLIC UTILITIES COMMISSION? Yes        No        . FEDERAL REGULATORY BY THE US DEPARTMENT OF TRANSPORTION? Yes        No        .

AS A CONDITION OF YOUR EMPLOYMENT WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING PURSUANT TO TITLE 49 CFR PARTS 40/382 DURING YOUR EMPLOYMENT? Yes        No        . WERE YOU EVER DISQUALIFIED/DISMISSED AND/OR HAD YOUR LICENSE SUSPENDED/REVOKE/DENIED DUE TO VIOLATION OF THIS REQUIREMENT? Yes        No        .

PLEASE EXPLAIN: \_\_\_\_\_

2. PREVIOUS EMPLOYER: \_\_\_\_\_ DATES: (FROM) \_\_\_\_\_ (TO): \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ SALARY: \_\_\_\_\_

WAS THIS EMPLOYER SUBJECT TO REGULATORY AUTHORITY BY THE COLORADO PUBLIC UTILITIES COMMISSION? Yes        No        . FEDERAL REGULATORY BY THE US DEPARTMENT OF TRANSPORTION? Yes        No        .

AS A CONDITION OF YOUR EMPLOYMENT WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING PURSUANT TO TITLE 49 CFR PARTS 40/382 DURING YOUR EMPLOYMENT? Yes        No        . WERE YOU EVER DISQUALIFIED/DISMISSED AND/OR HAD YOUR LICENSE SUSPENDED/REVOKE/DENIED DUE TO VIOLATION OF THIS REQUIREMENT? Yes        No        .

PLEASE EXPLAIN: \_\_\_\_\_

3. PREVIOUS EMPLOYER: \_\_\_\_\_ DATES: (FROM) \_\_\_\_\_ (TO): \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ SALARY: \_\_\_\_\_

WAS THIS EMPLOYER SUBJECT TO REGULATORY AUTHORITY BY THE COLORADO PUBLIC UTILITIES COMMISSION? Yes        No        . FEDERAL REGULATORY BY THE US DEPARTMENT OF TRANSPORTION? Yes        No        .

AS A CONDITION OF YOUR EMPLOYMENT WERE YOU SUBJECT TO DRUG AND ALCOHOL TESTING PURSUANT TO TITLE 49 CFR PARTS 40/382 DURING YOUR EMPLOYMENT? Yes        No        . WERE YOU EVER DISQUALIFIED/DISMISSED AND/OR HAD YOUR LICENSE SUSPENDED/REVOKE/DENIED DUE TO VIOLATION OF THIS REQUIREMENT? Yes        No        .

PLEASE EXPLAIN: \_\_\_\_\_

**(CMV SUPPLEMENTAL) TO APPLICATION (FOR CDL DRIVER APPLICANTS ONLY) COLORADO  
PUBLIC UTILITIES (PUC) REGULATED INTRASTATE CARRIERS**

**(THIS SECTION TO BE COMPLETED ONLY FOR APPLICANTS THAT WILL BE OPERATING CMV QUALIFIED  
VEHICLES WHICH WILL REQUIRE A CDL)**

**THIS SECTION IS TO BE COMPLETED BY THE CARRIER OWNER/DESIGNATED AGENT/MANAGER:**

FULL NAME OF CARRIER (AS NOTED ON PUC PERMIT): \_\_\_\_\_

CARRIER PERMIT NUMBER(S): \_\_\_\_\_ CARRIER ADDRESS: \_\_\_\_\_

**CMV/CDL DRIVER APPLICANT ONLY:**

I UNDERSTAND THAT INFORMATION I PROVIDE REGARDING MY CURRENT AND PREVIOUS EMPLOYERS MAY BE USED TO DETERMINE MY QUALIFICATION TO DRIVE FOR THIS CARRIER TO WHOM I AM MAKING APPLICATION. I FURTHER UNDERSTAND THAT PREVIOUS EMPLOYERS MAY BE CONTACTED FOR THE PURPOSES OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY UNITED STATES CODE OF FEDERAL REGULATION TITLE 49 CFR 391.23 (d) and (e). I ALSO UNDERSTAND THAT I HAVE A RIGHT TO:

- A. REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS,
- B. HAVE ERRORS IN INFORMATION CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE EMPLOYERS TO RESEND THE CORRECTED INFORMATION TO THE CARRIER FOR WHICH I AM MAKING APPLICATION TO, AND
- C. HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION.

APPLICANT PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CARRIER: PURSUANT TO CFR TITLE 49 (391.23 INVESTIGATIONS AND INQUIRIES) ALL CMV/CDL APPLICANTS MUST UNDERGO AN INVESTIGATION TO DETERMINE THEIR QUALIFICATION FOR DRIVER POSITIONS TO

INCLUDE INQUIRY ON PREVIOUS DRUG AND ALCOHOL PROGRAM COMPLIANCE. PLEASE REFER TO SAFETY PERFORMANCE HISTORY RECORDS REQUEST SUPPLEMENTAL:

**391.23 Investigation and inquiries.**

- (a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:
  - (1) An inquiry, within 30 days of the date the driver's employment begins, to each State where the driver held or holds a motor vehicle operator's license or permit during the preceding 3 years, to obtain that driver's motor vehicle record covering that driver's prior 3-year driving history.
  - (2) An investigation of the driver's safety performance history with Department of Transportation regulated employers during the preceding three years.

**391.51. If no motor vehicle record is received from a driver's licensing authority required to submit this response, the motor carrier must document a good faith effort to obtain such information. The inquiry to a driver's licensing authority must be made in the form and manner each authority prescribes.**

(c)(1) Replies to the investigations of the driver's safety performance history required by paragraph (a)(2) of this section, or documentation of good faith efforts to obtain the investigation data, must be placed in the driver investigation history file, after October 29, 2004, within 30 days of the date the driver's employment begins. Any period of time required to exercise the driver's due process rights to review the information received, request a previous employer to correct or include a rebuttal, is separate and apart from this 30-day requirement to document investigation of the driver safety performance history data.

(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to §391.53.

(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA and use the complaint procedures specified at § 386.12 of this subchapter. Keep a copy of the reports in the driver investigation history file as part of documenting a good faith effort to obtain the required information.

(4) For drivers with no previous employment experience working for a DOT-regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver investigation history file, after October 29, 2004, within the required 30 days of the date the driver's employment begins.

(d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

(1) General driver identification and employment verification information.

(2) The data elements as specified in §390.15(b)(1) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.

(i) Any accidents as defined by §390.5 of this chapter.

(ii) Any accidents the previous employer may wish to provide that are retained pursuant to §390.15(b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.

(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.

(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to §382.605 of this chapter, or 49 CFR part 40, subpart O. If the previous employer does not know this information (e.g., an employer that

terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a § 382.605 or 49 CFR part 40, subpart O referral:

- (i) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (ii) Verified positive drug tests;
- (iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(4) As of January 6, 2023, employers subject to § 382.701(a) of this chapter must use the Drug and Alcohol Clearinghouse to comply with the requirements of this section with respect to FMCSA-regulated employers.

- (i) If an applicant who is subject to follow-up testing has not successfully completed all follow-up tests, the employer must request the applicant's follow-up testing plan directly from the previous employer in accordance with § 40.25(b)(5) of this title.

(B) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT mode other than FMCSA, the employer must request alcohol and controlled

substances information required under this section directly from those employers regulated by a DOT mode other than FMCSA.

- (ii) If an applicant was subject to an alcohol and controlled substance testing program under the requirements of a DOT mode other than FMCSA, the employer must request alcohol and controlled substances information required under this section directly from those employers regulated by a DOT mode other than FMCSA.

(f)(1) A prospective motor carrier employer must provide to the previous employer the driver's consent meeting the requirements of § 40.321(b) of this title for the release of the information in paragraph (e) of this section. If the driver refuses to provide this consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

(2) If a driver refuses to grant consent for the prospective motor carrier employer to query the Drug and Alcohol Clearinghouse in accordance with paragraph (e)(4) of this section, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle.

(k)(1) The prospective motor carrier employer must use the information described in paragraphs (d) and

(e) of this section only as part of deciding whether to hire the driver.

(2) The prospective motor carrier employer, its agents and insurers must take all precautions reasonably necessary to protect the records from disclosure to any person not directly involved in deciding whether to hire the driver. The prospective motor carrier employer may not provide any alcohol or controlled substances information to the prospective motor carrier employer's insurer.

CARRIER REPRESENTATIVE: THIS APPLICANT IS BEING CONSIDERED FOR THE POSITION OF A CMV QUALIFIED DRIVER/OPERATOR WHICH REQUIRES THIS APPLICANT TO HOLD THE APPROPRIATE CDL LICENSE CLASS(S) AND ASSOCIATED ENDORSEMENT(S). I HAVE REVIEWED THE ABOVE MINIMUM REQUIREMENTS FOR THIS APPLICANT AND CERTIFY THAT ALL REQUIREMENTS FOR APPOINTMENT/HIRE OF THIS APPLICANT PURSUANT TO CFR AND PUC REGULATORY REQUIREMENTS HAVE BEEN COMPLETED AND THAT THE APPLICANT DOES MEET THE MINIMUM REQUIREMENTS FOR DRIVER QUALIFICATION.

CARRIER REPRESENTATIVE PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CARRIER REPRESENTATIVE SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE BACKGROUNDS SENT/REQUESTED	DATE BACKGROUNDS RECEIVED/REVIEWED	DATE COMPLIANCE WITH CFR 391.51	DATE COMPLIANCE WITH CFR 382.301	DATE COMPLIANCE WITH 382.701	DATE OF HIRE IF APPLICABLE



# 100 AIR MILE LOG

Intra-State Use Only for  
PUC Rule Compliance

Company: \_\_\_\_\_ Month & Year: \_\_\_\_\_

Driver: \_\_\_\_\_ Authority No: \_\_\_\_\_

Date	Day	Time Driver reports for duty	Time driver is released from duty	Time Driver reports for duty	Time driver is released from duty	Hours worked elsewhere	Total hours on duty
1							
2							
3							
4							
5							
6							
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9							
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27							
28							
29							
30							
31							

I certify that the hours listed above are accurate:

---

Driver Signature

---

Date



# 150 AIR MILE LOG

Intra-State Use Only for  
PUC Rule Compliance

Company: \_\_\_\_\_ Month & Year: \_\_\_\_\_

Driver: \_\_\_\_\_ Authority No: \_\_\_\_\_

Date	Day	Time Driver reports for duty	Time driver is released from duty	Time Driver reports for duty	Time driver is released from duty	Hours worked elsewhere	Total hours on duty
1							
2							
3							
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28							
29							
30							
31							

I certify that the hours listed above are accurate:

---

Driver Signature

---

Date

**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Medical Programs Division, Federal Motor Carrier Safety Administration, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ in accordance with (please check only one):

the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**  
the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties,  
I find this person is qualified, and, if applicable, only when (check all that apply):

Wearing corrective lenses	Accompanied by a _____	waiver/exemption	Driving within an exempt intracity zone ( <a href="#">49 CFR 391.62</a> ) (Federal)
Wearing hearing aid	Accompanied by a Skill Performance Evaluation (SPE) Certificate		Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date****Medical Examiner's Signature****Medical Examiner's Telephone Number****Date Certificate Signed****Medical Examiner's Name (please print or type)**

MD Physician Assistant Advanced Practice Nurse

DO Chiropractor Other Practitioner (specify) \_\_\_\_\_

**Medical Examiner's State License, Certificate, or Registration Number****Issuing State****National Registry Number****Driver's Signature****Driver's License Number****Issuing State/Province****Driver's Address**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ CLP/CDL Applicant/Holder Yes No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

# The Colorado Public Utilities Commission (PUC)

## VEHICLE MAINTENANCE FILE

(4 CCR 723-6-6112)

1. Vehicle Identification (Make, Model, Year, VIN)
2. Preventive Maintenance Plan
3. Completed Maintenance Records
4. Periodic Vehicle Inspections (6117(b) and/or (d))
5. Copy of all waivers issued by the PUC (If Applicable)
6. Daily Vehicle Inspections Reports



**COLORADO**

Public Utilities Commission

Department of  
Regulatory Agencies



# Preventive Maintenance Plan

Company Name

Vehicle#    MAKE    YEAR    VIN#    TIRE SIZE    It is the

carrier's responsibility to make sure that this preventive maintenance plan is followed. Make sure that either receipts or notes of the required service(s) are placed into each vehicle maintenance file.

Service	Date of Service	Mileage at Service	Mileage at Next Service	Date of Service	Mileage at Service	Mileage at Next Service	Date of Service	Mileage at Service	Mileage at Next Service
LOF- Change Oil & Filter									
Fill all fluids under the hood									
Check Tires to manufacture's specs									
Check belts & drive shaft boots									
Lube Chassis									
Check hoses									
Rotate tires									
Inspect brakes									
Change plugs									
Set ignition if needed									
Change air filter									
Change fuel filter									
Transmission service									
Drain & Flush engine coolant system									

This plan is neither designed nor endorsed by the Public Utilities Commission. It is designed to be a guideline that carriers can adjust to meet their specific needs in forming a Preventive Maintenance Plan. Every fall check antifreeze for protection to minus 30°

Revised 11/03/2025



# Maintenance Report

## Public Utilities Commission

1. *What is the relationship between the two variables?*

Vehicle # \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

# ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
DATE	

MOTOR CARRIER OPERATOR	INSPECTOR'S NAME (PRINT OR TYPE)
ADDRESS	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input type="checkbox"/> YES
CITY, STATE, ZIP CODE	VEHICLE IDENTIFICATION (✓) AND COMPLETE <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL)

## VEHICLE COMPONENTS INSPECTED

OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
			1. BRAKE SYSTEM				4. FUEL SYSTEM				9. FRAME
			a. Service Brakes				a. Visible leak				a. Frame Members
			b. Parking Brake System				b. Fuel tank filler cap missing				b. Tire and Wheel Clearance
			c. Brake Drums or Rotors				c. Fuel tank securely attached				c. Adjustable Axle Assemblies (Sliding Subframes)
			d. Brake Hose				5. LIGHTING DEVICES				10. TIRES
			e. Brake Tubing				All lighting devices and reflectors required by Section 393 shall be operable.				a. Tires on any steering axle of a power unit.
			f. Low Pressure Warning Device				6. SAFE LOADING				b. All other tires.
			g. Tractor Protection Valve				a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.				11. WHEELS AND RIMS
			h. Air Compressor				b. Protection against shifting cargo				a. Lock or Side Ring
			i. Electric Brakes				7. STEERING MECHANISM				b. Wheels and Rims
			j. Hydraulic Brakes				a. Steering Wheel Free Play				c. Fasteners
			k. Vacuum Systems				b. Steering Column				d. Welds
			2. COUPLING DEVICES				c. Front Axle Beam and All Steering Components Other Than Steering Column				12. WINDSHIELD GLAZING Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions)
			a. Fifth Wheels				d. Steering Gear Box				13. WINDSHIELD WIPERS Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
			b. Pintle Hooks				e. Pitman Arm				List any other condition which may prevent safe operation of this vehicle.
			c. Drawbar/Towbar Eye				f. Power Steering				_____
			d. Drawbar/Towbar Tongue				g. Ball and Socket Joints				_____
			e. Safety Devices				h. Tie Rods and Drag Links				_____
			f. Saddle-Mounts				i. Nuts				_____
			3. EXHAUST SYSTEM				j. Steering System				_____
			a. Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				8. SUSPENSION				_____
			b. A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2) or (3).				a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				_____
			c. No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply, or any combustible part of the motor vehicle.				b. Spring Assembly				_____
							c. Torque, Radius or Tracking Components.				_____

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION:  OK,  NEEDS REPAIR,  NA IF ITEMS DO NOT APPLY,  REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION REPORT IN ACCORDANCE WITH 49 CFR 396.



**COLORADO PUBLIC UTILITIES COMMISSION VEHICLE INSPECTION REPORT**

(To be used for vehicles with a seating capacity of **15 passengers or less**, including the driver)

**Rule 6104 requirements**

FORM: VIR-15-1

Date	Time	Inspection Agency		
PUC Authority/Permit #		Location/Address		
Carrier's Company Name		City/State		Zip Code
Address		Inspector's Name (Print or Type)		
City/State/Zip		The Inspector must be an A.S.E. certified mechanic that is qualified to perform the inspection. <input type="checkbox"/> Yes, this inspector meets the qualification requirements.		
Unit NO.	Vehicle Mileage	VIN		Seating Capacity (including driver)
Year	Make	Model	Plate	State
IS THIS VEHICLE A WHEELCHAIR ACCESSIBLE VEHICLE?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, complete Page 2 of the Inspection)

**VEHICLE COMPONENTS INSPECTED**

	OK	Needs Repair	Repair Date		OK	Needs Repair	Repair Date
1. Foot brakes (pads/shoes thickness)	<input type="checkbox"/>	<input type="checkbox"/>		4. Steering (Steering lash not exceeding 4 inches, no cracked, broken, loose, missing parts, belts not frayed/missing, Telescoping or tilt steering shall lock in fixed position)	<input type="checkbox"/>	<input type="checkbox"/>	
Right front (min 3/16") Measurements				5. Suspension (Not cracked, broken, loose, or missing parts)	<input type="checkbox"/>	<input type="checkbox"/>	
Left front (min 3/16") Measurements				6. Windshield (No cracks, discoloration)	<input type="checkbox"/>	<input type="checkbox"/>	
Right rear (min 1/16") Measurements				7. Rear Window/Other Glass (Fully operational with no cracks)	<input type="checkbox"/>	<input type="checkbox"/>	
Left rear (min 1/16") Measurements				8. Windshield Wiper System (Fully Operational)	<input type="checkbox"/>	<input type="checkbox"/>	
Rotors/Drums (Min. established by Manufacturer, no metal to metal, rust on contact surface, broken or missing parts)	<input type="checkbox"/>	<input type="checkbox"/>		9. Head Lamps (Fully operational, with no broken or missing parts)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Emergency brake (Parking brake as designed by Manufacturer)	<input type="checkbox"/>	<input type="checkbox"/>		10. Tail Lamps (Fully operational, with no broken or missing parts)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Frame/Chassis (Not cracked, loose, sagging, broken)	<input type="checkbox"/>	<input type="checkbox"/>		11. Turn Indicator Lights (Fully operational, with no broken or	<input type="checkbox"/>	<input type="checkbox"/>	

	OK	Needs Repair	Date	OK	Needs Repair	Date	
12. Stop Lamps (Fully operational, with no broken or missing parts)	<input type="checkbox"/>	<input type="checkbox"/>		19. Wheels/Tires, incl. tread depth (Wheels have no cracks/missing spokes, missing/loose lug nuts)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Doors (Fully operational, open, close, lock/unlock)	<input type="checkbox"/>	<input type="checkbox"/>		Right Front (min 4/32") Measurements			
14. Horn (Fully operational/gives adequate warning signal)	<input type="checkbox"/>	<input type="checkbox"/>		Left Front (min 4/32") Measurements			
15. Bumpers (Not loose/protruding as to create hazard)	<input type="checkbox"/>	<input type="checkbox"/>		Right Rear (min 4/32") Measurements			
16. Mufflers/Exhaust (Securely fastened/properly located as designated by Manufacturer. No leaks or repairs with wrap or patches)	<input type="checkbox"/>	<input type="checkbox"/>		Left Rear (min 4/32") Measurements			
17. Emission Compliance (If Required)	<input type="checkbox"/>	<input type="checkbox"/>		20. Rear View Mirrors/Backup Cameras	<input type="checkbox"/>	<input type="checkbox"/>	
18. Speedometer (Fully operational and paired with Manufacturer approved tire size)	<input type="checkbox"/>	<input type="checkbox"/>		21. Safety Belts (Vehicles designed by Manufacturer to carry no more than eight passengers must be equipped, in proper working order, with safety belts for both driver and all riding passengers)	<input type="checkbox"/>	<input type="checkbox"/>	
				22. Passenger Restraints (Any passenger)	<input type="checkbox"/>	<input type="checkbox"/>	
				23. Heating/Air Conditioning (Fully operational)	<input type="checkbox"/>	<input type="checkbox"/>	

Mark column entries to verify inspection: X OK or X Needs Repair. Include Repaired Date, as applicable.

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE INSPECTION REPORT IN ACCORDANCE WITH 4 CCR 723-6-6104.

Date	Inspector Name		
Carrier/Company name			
Year	Make	Model	Plate
VIN		Seating Capacity (Including Driver)	

All of the following is required for wheelchair accessible vehicles in accordance with Rule 6104.

A vehicle equipped with restraints, ramps, lifts, other special devices to facilitate the loading, unloading or transportation of individuals with disabilities must have all such devices in good working order:

Wheelchairs Lifts (a lift must be able to lift a minimum of 600 pounds):

A lift must also be able to accommodate individuals who use walkers, crutches, canes, braces or who have difficulty using steps. The equipment must also permit onboarding and offboarding of individuals with wheelchairs and other

mobility aids. The platform must be equipped with handrails on two sides, which move with the lift to provide support to standees throughout the lift operations and must have lift controls which are interlocked with the vehicle brakes, transmission or other devices.

A ramp which is less than 30 inches in length must be able to support 300 pounds;

A ramp which is 30 inches or longer must be able to support 600 pounds; and the maximum allowable slope of a ramp is:

a ratio of 1:4, if the floor height is three inches or less above a six inch curb;

a ratio of 1:6, if the floor height is between three and six inches above a six inch curb; a ratio of 1:8, if the floor height is between six and nine inches above a six inch curb; a ratio of 1:12, if the floor height is greater than nine inches above a six inch curb.

Wheelchair accessible vehicles must have the following:

Slip resistant surfaces in all areas where individuals walk, including all aisles, steps and floors.

A band of contrasting color(s) on each step edge, threshold and the boarding edge of ramps or lift platforms. (The contrasting color(s) must run the full width of the step or edge).

The entrance doors are equal to or greater than the following minimum heights: - 56 inches for vehicles 22 feet or less in length;

- 68 inches for vehicles greater than 22 feet in length.

Within the vehicle, signs must designate securement locations and seating locations for persons with disabilities.

Stepwells and doorways must have treads that are lit at all times while the vehicle is lit.

Wheelchair tie down and occupant restraint systems:

- shall be designed, installed, and operated to accommodate passengers in a forward facing position;
- shall be affixed to a vehicle in such a manner that no exit or aisle is blocked in the vehicle;
- shall be free of sharp or jagged areas and shall be of non-corrosive material or treated to resist corrosion;
- shall consist of a minimum of four anchor points. Two points shall be located in the front and two in the rear. All anchor points shall be secured to the floor;
- each wheelchair tie down shall provide a means of slack adjustment and shall not allow more than two inches of movement in any direction during normal driving conditions. They shall be free of any fraying, rust, cuts or inoperable slack adjusters;
- all vehicles equipped with attachment point devices shall also be equipped with a durable webbing cutter having a full width hand grip and protected blade. The cutter must be stored in the driver's compartment within the driver's reach.

**THIS VEHICLE DOES/DOES NOT MEET THE MINIMUM ESTABLISHED STANDARDS AS LISTED ABOVE:**

DOES

DOES NOT

DATE: \_\_\_\_\_

VEHICLE NUMBER: \_\_\_\_\_

I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

CHECK APPROPRIATE BOX

I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

---



---

DRIVER'S SIGNATURE: \_\_\_\_\_

Above defects corrected       Above defects need not be corrected for safe operation of vehicle.

MECHANIC'S SIGNATURE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

#### 4 CCR 723-6-6105 Daily Vehicle Inspection Report(s) (DVIR).

**(a) Report required.** Every Driver and every Motor Carrier that operates more than one Motor Vehicle, shall require its Drivers to prepare a Daily Vehicle Inspection Report (DVIR), in writing for each vehicle operated by a driver on that day and the report shall cover at least the following parts and accessories:

- service brakes including trailer brake connections;
- parking (hand) brake;
- steering mechanism;
- lighting devices and reflectors;
- tires;
- horn;
- windshield wipers;
- rear vision mirrors;
- coupling devices;
- wheels and rims; and
- emergency equipment.

**Report content.** The report shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver, which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. On two-driver operations, only one driver needs to sign the driver vehicle inspection report, provided both drivers agree as to the defects or deficiencies identified. If a driver operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.

**Corrective action.** Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle. (1) Every motor carrier or its agent shall certify on the original driver vehicle

inspection report which lists any defect or deficiency that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again. (2) Every motor carrier shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three months from the date the written report was prepared.

# The Colorado Public Utilities Commission (PUC)

## DOCUMENTS NEEDED IN VEHICLE

1. Vehicle Registration
2. Insurance
3. DOT Physical (On Driver's Person)
4. Annual Vehicle Inspection Report
5. Letter of Authority (Permit Letter)
6. Charter Order (If Applicable)
7. Lease Agreement (If Applicable)



**COLORADO**

Public Utilities Commission

Department of  
Regulatory Agencies



## CHARTER ORDER:

(The Colorado Public Utilities Commission requires the daily completion of a "Charter Order" for all rides administered by a Luxury Limousine, Off-Road Scenic Charter or Bus Service. Per 4 CCR 723-6-6301( c ): "Charter Order" means a paper or electronic document that memorializes the contract for Luxury Limousine or Off-Road Scenic Charter or Charter Bus service for a specific period of time reasonably calculated to fulfill the purpose of the contract. The Charter Order shall state the charge, the charge method, the name and telephone number of the parties to the contract, the pickup time and pick up address, and the type of Motor Vehicle that will be used. The Charter Order shall be maintained for at least one year following the provision of service and shall be provided to the parties to the contract and shall be available to the Commission upon request.)

TODAYS DATE \_\_\_\_\_ DRIVER FULL PRINTED NAME: \_\_\_\_\_ VEHICLE NUMBER/ID: \_\_\_\_\_

YEAR/MAKE/MODEL/COLOR OF VEHICLE BEING USED: \_\_\_\_\_ PAGE: \_\_\_\_\_ OF: \_\_\_\_\_

TIME ON DUTY-1	TIME OFF DUTY-1	TIME ON DUTY-2	TIME OFF DUTY-2	TIME ON DUTY-3	TIME OFF DUTY-3	TIME ON DUTY-4	TIME OFF DUTY-4

TOTAL HOURS DRIVING TODAY: \_\_\_\_\_ TOTAL HOURS NON-DRIVING TODAY: \_\_\_\_\_ TOTAL HOURS TODAY: \_\_\_\_\_ (DRIVER INITIAL: \_\_\_\_\_)

*TIME OF PICK UP:	COMPANY/ INDIVIDUAL NAME (PRINTED):	NUMBER OF PASSENGERS:	PHONE NUMBER OF COMPANY/ INDIVIDUAL:	ORIGINATION (PICK UP) ADDRESS (PRINTED)	DESTINATION (DROP OFF) ADDRESS (PRINTED):	TIME OF DROP OFF:	TOTAL \$ AMOUNT OF FARE:	METHOD OF PAYMENT (CC, CASH, ETC.)

\*NOTE: PER 4 CCR 723-6-6306 ( E ): A Luxury Limousine Carrier shall not station a Luxury Limousine within one hundred feet of a recognized Taxicab stand, a designated Passenger pickup point at an airport, a hotel, or a motel without the completed Charter Order in the vehicle. A Luxury Limousine Carrier shall not station a Luxury Limousine at the point of departure more than forty-five minutes prior to the pickup time noted on the Charter Order. (REVISION DATE 03/6/2020)

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT (DRIVER SIGNATURE AND DATE): \_\_\_\_\_



# Accident Register

